RECOVERY & RENEWAL TASKFORCE VIRTUAL MEETING AUGUST 14, 2020 8 AM – 10 AM

Taskforce Members:

Wendy Jacobs, Chair, Durham County Commissioners

Steve Schewel, Mayor, Durham City Council

Katie Galbraith, Taskforce Co-Chair, President, Duke Regional Hospital

Maticia Sims, Taskforce Co-Chair, Vice-President and Corporate Controller, Blue Cross Blue Shield of NC

Ibukun Akinboyo, M.D., Assistant Professor, Division of Pediatric Infectious Diseases, Duke Health

Susan Amey, CEO, Discover Durham

Lois DeLoatch, Executive Vice President, Self-Help

Bryan Fox, Durham Chamber of Commerce

George Habel, Vice President, Capitol Broadcasting Company

Philip Harewood, CEO, Lincoln Community Health Center

Rodney Jenkins, Health Director, Durham County Health Department of Public Health Jodi Miller, Deputy County Manager, Durham County Government, representing the Emergency Operations Center

Pilar Rocha-Goldberg, President and CEO, El Centro Hispano

Anthony Nelson, Dean, North Carolina Central University School of Business

Philip Harewood, CEO Lincoln Community Health Centr

Anna Davis, Attorney with the Durham City Attorney's Office

Dr. Cameron Wolfe, Duke, Infectious Disease Expert

Anna Davis, Attorney with the Durham City Attorney's Office

Ryan Smith, City of Durham, Budget and Management Services

CALL TO ORDER

Co-Chair Maticia Sims called the meeting to order and welcomed all in attendance.

CITY AND COUNTY CHECK-INS

Mayor Schewel announced the cases were down, city received \$2.9 million in CARES Act funding (County, \$3.9 million) and a plan needed to be reciprocated; of \$2.8 million in total available loans, the city had allocated \$1.1 million to 114 different businesses, of which \$784K in grants and \$224k in loans and he stated 40% of the funds had gone to businesses of persons of color and 60% to women owned businesses. He noted that there were concerns about: enforcement, health ambassadors, Census and voting, return of college students, emerging eviction crisis, deepening small businesses crises and quarantine options and the return of DPS students and digital divide.

Chair of the Durham County Commissioners Wendy Jacobs alerted all regarding the outbreak in the Durham County Jail, noted that testing was taking place and the virus was contained; Superior and District courts were closed down for deep cleaning; County Commissioners approved \$95,000 for Phase 1B/Back on the Bull Campaign; the

Commissioners requested the budget be revised for the Health Ambassador program and would come back to the Commissioners on August 24th; approved \$100,000 for food funding for COVID positive families; a plan for the CARES Act funding was due September 15th; City-County partnering for small business and eviction diversion programming in rental assistance, administered by the County and funded by the City; jobs announcement Beam Therapeutics 201 new jobs over the next five years in biotechnology industry. She stated the Durham County Board of Elections could give a report to the RRTF on the upcoming election.

Co-Chair Sims updated the RRTF about the new calendar: September 11 and 25; then noted that from October 2020 to May 2021, RRTF meetings would be conducted monthly on the 2nd Fridays.

VACCINE RESEARCH/UPDATE

Co-Chair Galbraith addressed updates on vaccine research and deferred to Dr. Cameron Wolfe, Duke Infectious Disease Expert for presentation, in conjunction with Dr. Ibukun Akinboyo.

Highlights:

Vaccine Timeline for Coronavirus' *Operation Wharp Speed* (federal level)

Three sectors of vaccine development, responding to infectious disease, are occurring within a parallel process:

Science- vaccine development

Manufacturing Capacity of the vaccine

Distribution/ Administration- prioritization (who should receive it first) & logistics Clinical Trials – currently in Phase 3, antibody production in Challenge Studies (total of 4 Phases), ethics concerns: (vaccine candidates)

Moderna

Pfizer/German Company

University of Oxford and AstraZenica – NIH Collaboration- preproduced emergency supply, hoping for November/December; most expect Spring 2021

Clinical Trials underway at Duke and UNC mRNA, machinery insertion into youth, vulnerable populations and pregnant women Volunteers needed as test/placebo subjects

Flu Vaccine

Manage marketing of the flu and COVID vaccination strategy carefully

COVID and Flu can occur together- similar symptoms

Limited resources: testing, beds, community support

Mitigation Strategies - How to address vulnerable populations and advertise?

Be more innovative- Drive up vaccinations?

Leverage Back on the Bull Campaign

Ensure community is aware that hospitals/ pediatricians' offices are safe Attitude toward vaccinations represented an obstacle

Pull in folks volunteering for vaccination research- possible collaboration with RRTF?

Encourage Fall Flu Vaccinations

Safety protocols will inadvertently reduce the risk of flu spread

Young and old are vulnerable to the flu

Supply – mid Sept/Oct.

Australia's flu pattern – profound decrease due to the institution of safety protocols and quarantine.

Prioritization to be vaccinated: Elderly, vulnerable populations and healthcare workers How to communicate safety of inoculations?

Questions:

How can RRTF conduct vaccine outreach strategy?

Is it possible to partner with faith communities?

How to advertise across entire community including LatinX residents?

Options:

Duke Center for Advanced Hindsight for best way to address vaccinations Leverage RRTF networks at roundtables

Access to Care:

Pediatricians Offices instituted clean vaccination process

Shift process to adults' annual checks with vaccinations

Enrollment in Clinical Trials:

Willingness to take the vaccine and collaborate with RRTF assist with encouraging volunteers

50% - 70% of population vaccinated is goal

Anxiety regarding safety, anti-government undercurrent, severity not taken seriously, medically exempted.

Roll out carefully

Percent effective as applied to entire population

State and federal leadership should be collaborating with same messages

Vaccine can protect against severity and lowers transmission

Seasonability of COVID:

Durham has been successful in mitigating its first wave

Where are we on the transmission curve-first, second wave?

When re-opening, cases increase (bump up)

Second wave, expect lower height of curve

Immunity/Protection

Less than 20% of the population has been infected- probably need re-vaccination persons who have had COVID

Develop out-patient anti-viral tablet like Tamiflu, at home, to prevent more severe illness

Herd immunity: add 20% to the number vaccinated

Immunization of infected individuals, estimated at 3 months- durability of protection is unknown.

Keep up your guard in protecting own health with mitigation measures (masking, hand washing and social distancing)

Antibody Testing- not certain the significance of COVID antibody presence and if

you've had COVID, protection for estimated 3 months and unknown how long protection lasts

Community Factors:

LatinX community case load has fallen below 50%

Majority of cases coming from hospital workers, unemployed, construction workers.

Continue advertising of safety measures with Back on the Bull Campaign; continue outreach, conduct communications lines with community; remain vigilant.

Prepare for worst outcomes with students returning to classrooms, campuses.

HOSPITALIZATION UPDATE

Good progress being made

7-Day Rolling Average Hospitalizations b/w Duke, Duke Regional Hospitals was 40 now 38.

Occupancy- 90%, not unusual

Cases: 16 in ICU

3% patient load overall have COVID+

DEPARTMENT OF PUBLIC HEALTH - STATISTICAL UPDATE

Update on Durham Public Health statistics. Overall, positive trending, keep up quard:

Active Cases: 342

Released patients from COVID care: 5,896

Deaths: 79

Total Cases: 6,319

Contact Tracing: 12,204 individuals

7-Day Moving Average: 41 as of Monday

Number of Cases in August: trending down, but remaining elevated

LatinX cases: 44.90%, trending down African-American cases: 37.38%

White cases: 13.11%

Work, Race, Ethnicity, Sex: unemployed, female; construction, Hispanic males; hospital workers, majority female and persons of color

Percentage positive lab cases: numbers are down from 7 to 5%

Durham's growth rate is lower than the state rate

Will observe growth rate among school/university aged-youth, especially those returning to campuses

Inmates being monitored closely, congregate living individuals being tested/ isolated when necessary.

Encouraging and reassuring results!

RESOURCES

Duke Speaks Out Hotline: 800-826-8109, option 3; use for complaints against

congregate events by Duke students

Email improper conduct of Duke Students to conduct@duke.edu

Durham One Call: 919-560-1200

NCCU: 919-530-6106

DTCC: 919-536-7255 or 919-536-7200

NC Government Business Grant Program – closing Sept 1, promote this!

https://www.nccommerce.com/grants-incentives

Quote from Durham County Health Director Rod Jenkins, "I believe in Durham!"

Chair Jacobs addressed cluster testing, was pleased Duke was using testing to control the virus and urged clear, community-wide expectations of the students.

Dr.Akinboyo stated that Duke was utilizing multiple strategies involving testing for COVID-19 strategy combined with the smaller social groups, social distancing and masking.

COVID CITY ENFORCEMENT

Anna Davis, Assistant City Attorney, addressed current plans as related to the enforcement of COVID restrictions. Overall, there was good to exemplary compliance of restrictions. However, there was room for improvement to continue the downward trend. Community members should not drop their guard. Complaints had been received by the city and county residents. Some large groups had assembled, bars were open and gyms operating. Duke Speaks Out Hotline located in the 'Resources' section of these minutes- method to report complaints involving Duke students.

Attorney Davis explained the complaint process. Calls arrive through non-emergency Police number and Durham One Call, along with reports to elected officials. If additional review required after initial screening, the complaint will be forwarded to the City Attorney's Office for assessment to city and state orders and other laws/criteria. Initiate dialogue by the City contacting the local business or organization to reach a common understanding of current regulations. Voluntary compliance is urged.

Step 2. Formal letter sent to offender, if activities do not cease, a criminal citation is issued by Durham Police Department.

Step 3. Further legal action with the court system. Last resort with possible restraining order.

Businesses would be expected to reasonably comply with the state and local orders. Each complaint would need to be reviewed by the City Attorney's Office.

Mayor Schewel supported the work of Anna Davis and inquired about how sweepstakes galleries with large crowds were being addressed. He asked about the LatinX complaint process and would a Spanish portal be recommended.

Assistant City Attorney Davis would look into a Spanish portal for Spanish complaints.

Chair Jacobs appreciated the communications between the City and offending businesses/groups and noted legislative and compassionate response.

It was encouraged that the resources numbers be posted on the website.

There was a question about the effectiveness of correspondence. Assistant City Davis noted that businesses would be monitored but the word on the street was that the City would not enforce the regulations.

Mayor Schewel was supportive of the compliance structure being it allowed the city to respond effectively.

ROUND TABLE UPDATES

Bryan Fox, Durham Chamber, round tables were continuing but less frequently; appreciated focus on the Back on the Bull Campaign and looked forward to any additional requests.

OTHER MATTERS

Governor's Business Grant deadline of September 1 with \$15 million of resources, grants were available for up to \$250,000 per small business.

Pilar Rocha-Goldberg announced State and Wake County funds were received to hire community health workers to cover LatinX communities in Durham, Wake, Orange, Vance, Granville Counties and to urge compliance of the 3 W's, testing, contact tracing, isolation, quarantine and PPE distribution.

Co-Chair Sims asked about if RRTF members were working on additional budget requests and if so, to let the RRTF members know. There may be an additional round of requests.

Ms. Rocha-Goldberg referenced efforts by the Immigrant and Refugee Round Table regarding a budget request for the purchase of oxygen level equipment for COVID positive patients for home use; funds for rental assistance; and asked for guidance from the RRTF about deadlines to submit funding requests. She added that a Town Hall Meeting was planned with tri-lingual language access and that a budget was needed for this purpose.

Mayor Schewel requested how Halloween holiday would be handled by the RRTF; noted he had many trick or treaters on Halloween and that it resulted in a congregate setting.

The RRTF asked that DPS School Police Resource Department numbers be provided by Amber and Ryan and added to the resource list.

Rod Jenkins urged attendance at Trunk or Treat events at churches while remaining in the family unit. The holiday warranted guidelines, especially with the holiday occurring on Saturday night.

RRTF members urged safety and the RRTF could issue invitations to meet with church members to come up with a gameplan with creative approaches for the holiday.

Co-Chair Sims urged future agenda items be sent to the co-chairs and the following discussion items were suggested:

Election 2020 Census Halloween Outdoor Dining

The meeting adjourned at 9:54 a.m.

Diana Schreiber City Clerk